



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: July 20, 2016

MHSUDS INFORMATION NOTICE NO.: 16-037

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTOR'S ASSOCIATION
CA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

SUBJECT: MEDICALLY MONITORED AND MEDICALLY MANAGED
DETOXIFICATION / WITHDRAWAL MANAGEMENT AND RESIDENTIAL
TREATMENT SERVICES IN THE DMC-ODS PILOT PROGRAM

PURPOSE

This notice informs counties and contracted providers of the coverage requirements and facility considerations for medically monitored and medically managed detoxification / withdrawal management and residential treatment services (American Society of Addiction Medicine (ASAM) levels 3.7, 4, 3.7-WM, and 4-WM) provided under the Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Program. The Standard Terms and Conditions have been amended to reflect the policy change outlined in this Information Notice.

BACKGROUND

Withdrawal management services are provided in a continuum per the five levels of withdrawal management (1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM) in the ASAM Criteria when determined medically necessary and in accordance with an individualized client treatment plan. Withdrawal management levels of care requiring medically monitored or managed inpatient services (3.7-WM and 4-WM) must be provided in a general acute care hospital (possibly intensive care unit), a chemical dependency recovery hospital (CDRH), or a freestanding psychiatric hospital. Counties participating in the DMC-ODS Pilot Program are required to provide at least one level of withdrawal management services. Counties may choose to offer additional withdrawal management benefits above the minimum one required level.

Clinically-managed levels of residential treatment services (ASAM levels 3.1, 3.3, and 3.5) must be provided by residential providers. Residential levels of care requiring medically monitored or managed intensive inpatient services (3.7 and 4) must be provided in a CDRH, freestanding psychiatric hospital or a general acute care hospital.

DISCUSSION

While participating pilot counties are responsible for most of the levels in the DMC-ODS continuum of care modeled after the ASAM Criteria, a few of the levels are overseen and funded by other sources not under the DMC-ODS Pilot. Examples given in the Special Terms and Conditions (STCs) are early intervention and levels 3.7 and 4 for residential and withdrawal management in a general acute care hospital. These services are contained in the DMC-ODS Pilot in order to show the entire continuum of substance use disorder treatment services available to California's Medi-Cal population.

With regard to withdrawal management 3.7-WM and 4-WM (inpatient), there has been no change to the voluntary inpatient detoxification benefit offered through the Fee-For-Service (FFS) Medi-Cal benefit. Beneficiaries who meet medical necessity criteria may receive voluntary inpatient detoxification services in a general acute care hospital, as defined in All Plan Letter 14-005.¹ To receive these services, the DMC-ODS pilot county must refer the beneficiary to a voluntary inpatient detoxification provider in a general acute care hospital. The voluntary inpatient detoxification provider must not be a chemical dependency treatment facility or institution for mental disease (i.e. CDRH or freestanding psychiatric facility). The voluntary inpatient detoxification provider must submit a treatment authorization request to local field offices for approval.

Participating counties must describe in their implementation plan coordination, including a referral process, for inpatient levels of care offered through the FFS Medi-Cal benefit at general acute care hospitals. In addition, participating pilot counties may seek to increase the availability of detoxification services in the county by electing to offer levels 3.7-WM and 4-WM services at CDRHs or freestanding psychiatric hospitals through the DMC-ODS Pilot Program. Withdrawal management services under the DMC-ODS Pilot Program can be provided in facilities of any size.

Similarly, participating pilot counties may elect to offer medically monitored and/or managed intensive residential treatment services (levels 3.7 and 4) at CDRHs or freestanding psychiatric hospitals through the DMC-ODS Pilot Program. Residential treatment services under the DMC-ODS Pilot Program can be provided in facilities of any size.

¹ <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-005.pdf>

Counties electing to offer inpatient withdrawal management services or residential treatment services at CDRHs or freestanding psychiatric hospitals must establish interim rates for the optional mode of service. Funding for these facilities will be paid for through the DMC-ODS pilot program. Room and board costs are not eligible for federal financial participation. Counties may also elect to offer residential and withdrawal management levels 3.1-3.5 at CDRHs and freestanding psychiatric facilities. If a CDRH or freestanding psychiatric hospital is contracted with a county to offer residential services for levels 3.1-3.5, the facilities must obtain an ASAM designation for each level of residential service provided.

CDRHs and freestanding psychiatric hospitals must hold a current, valid license from the Department of Public Health (DPH). Drug Medi-Cal certification is required for all providers under the DMC-ODS waiver, including CDRHs and freestanding psychiatric hospitals. A valid license from DPH is acceptable for Drug Medi-Cal certification. For more information about the Drug Medi-Cal certification process, go to: <http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx>.

For questions pertaining to DMC-ODS services provided in CDRHs and/or freestanding psychiatric hospitals, please contact Crystal Sanchez at 916-327-3070 or Crystal.Sanchez@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services